

This document contains information about the coverage available to State Employees and Pensioners who are eligible for health insurance benefits. Rules governing eligibility and costs of the State's benefit programs are found in the Delaware Code and the Rules of Eligibility and Coverage from the State Employee Benefits Committee. This document provides a summary of information only. Any error or omission is unintentional. If a discrepancy exists between the information in this document and State or federal law or a plan document, the law or plan document will prevail.

**All forms are due to your Organization's Human Resources/Benefits Office by May 21, 2008.
Pensioner's forms are due to the Pension Office by May 21, 2008.**

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OPEN ENROLLMENT - 2008

1. What is the 2008 Open Enrollment?

Open Enrollment May 5 through May 21, 2008 is your once-a-year opportunity to review your health, dental, blood bank coverage, VSP vision, and ARAG Group Legal coverage and to make the choices that are right for you! **VSP Vision and ARAG Group Legal coverage is available through the Statewide Supplemental Benefits Program**—If you are not currently enrolled in vision or legal coverage, *Open Enrollment is your only opportunity during the year to join or drop these plans.* You may want to think about any upcoming needs for these plans. Coverage and new rates are effective from July 1, 2008 through June 30, 2009.

Other Statewide Supplemental Benefits (Long-Term Care, Auto and Homeowners and Pet Insurance)—although you can enroll in these plans throughout the year, Open Enrollment is a good time to review your personal situation and anticipate any future coverage needs. See Statewide Supplemental Benefit FAQs for specific information on each of the five plans offered.

* See Section on making changes after Open Enrollment.

2. Which benefits does the State of Delaware offer during this Open Enrollment?

The State of Delaware offers Medical, Dental, Blood Bank, VSP Vision, and ARAG Group Legal coverage to eligible employees and pensioners during this Open Enrollment period.

Health and Dental - The State of Delaware offers four separate plans for health care and two plans for dental care. A description of the plans, including a Summary of Benefits which is a side-by-side comparison of the plans, is listed in the Open Enrollment Booklet being mailed to the home address of each eligible employee/pensioner. The Open Enrollment Booklet is also available on this website.

Prescription - The State offers prescription coverage as part of the State's Group Health Insurance Program. Medco is the State of Delaware Pharmacy Benefit Manager that manages the State's prescription program. Once enrolled in a health plan, employees may have prescriptions filled at participating pharmacies. Medco also offers prescription refills through a mail order system. More information and forms are available on the Medco's website at www.medco.com or on this website.

Employee Assistance Program – Human Management Services, Inc. (HMS) provides an Employee Assistance Program to non-Medicare participants in the State's health insurance program. This service includes free, confidential, professional assessment and short-term counseling for members and dependents that may be experiencing personal or family problems.

Blood Bank - All State employees and Pensioners are eligible for membership in the Blood Bank of Delmarva. The State of Delaware provides membership in the Blood Bank for all full-time employees and Pensioners who enroll. Other State employees pay the annual fee. Most health plans do not cover the cost of blood replacement. The membership fee covers the employee and all tax-dependent family members for any amount of blood needed. A blood donation is required approximately every 22 months or the employee must pay the cost of a pint of blood.

3. When will I receive the Open Enrollment materials?

Open Enrollment materials are being mailed to benefit eligible employees'/pensioners' homes the week of April 21, 2008. Contact your Human Resources/Benefits Office immediately if you have not received your Open Enrollment materials by May 5, 2008.

4. What Open Enrollment materials will I receive?

All benefit eligible State employees will receive at their home address a Generic letter regarding Open Enrollment changes, a 2008 Open Enrollment Booklet, and a copy of the e-Benefits Quick Reference Guide that includes online enrollment instructions.

5. What do I need to do if I want to enroll, make changes or cancel coverage?

Active State employees must enroll, make changes, or cancel health and dental coverage using the online enrollment process by accessing the enrollment website through the Internet Browser (Internet Explorer or Netscape) as described in the e-Benefits Quick Reference Guide during the open enrollment period beginning May 5, 2008 through May 21, 2008. Employees will be responsible for data entering their own benefit elections directly into the e-Benefits online enrollment system. Following open enrollment a Confirmation Statement will be mailed to employees' home address.

If enrolling in the Blood Bank for the first time you **MUST** complete and return the Blood Bank Application to your Human Resources/Benefits Office in addition to enrolling online no later than May 21, 2008.

If enrolling or continuing to cover a spouse through "Employee & Spouse" or "Family" coverage you **MUST** complete and return the Spousal Coordination of Benefits (COB) form during Open Enrollment. You may complete the form online while in e-Benefits by clicking on the Enrollment Handbook icon, then click Spousal COB form (electronic). Complete the form and submit online. The information on the form will be submitted to your health carrier via a secure transmission process. If you do not have access to the Internet or do not wish to complete the form online, you may obtain a form in your Open Enrollment booklet and return the completed form to your HR /Benefits Office no later than May 21, 2008. Failure to return this form will result in reduction of spousal benefits.

Plan options are before-tax plans with the exception of those plans listed as AT (after-tax). Premiums may only be deducted on an after-tax basis for those employees enrolled in after-tax options prior to July 1999.

Plan options preceded with D.S.S. are the Double State Share options. If you are eligible for Double State Share and you are making changes to your health election, be sure to select the D.S.S. version of the plan listed on the online benefits enrollment page. In order to be eligible for Double State Share (DSS) husband and wife must be either permanent full-time active State of Delaware employees (regularly scheduled 30 or more hours per week) with greater than three full calendar months of State service or be receiving a pension check. Please refer to the 2008 Open Enrollment booklet mailed to your home or available on this website for more details.

The e-Benefits Quick Reference Guide contains online enrollment instructions and is available on this website.

Non-Payroll Groups - Members of all other non-payroll eligible groups (i.e. DSWA, DTC, UD, towns and municipalities covered by the State's Group Health Insurance program) must complete the enrollment applications available from their organization's Human Resources/Benefits Office and return them no later than May 21, 2008. If enrolling or continuing to cover a spouse through "Employee & Spouse" or "Family" coverage the employee must complete and return the Spousal Coordination of Benefits (COB) form to their Human Resources Office no later than May 21, 2008. Failure to return this form will result in reduction of spousal benefits.

6. What do I need if I do not want to make any changes to my current coverage?

If you are currently enrolled and do not wish to make any changes, **No Action is Required** unless you are covering a spouse in one of the State of Delaware Group Health Insurance medical plans. **See question 22.**

7. Will I receive a Confirmation Statement after Open Enrollment?

Following the open enrollment period, active State employees will receive a Confirmation Statement mailed to their home address. It's important that you verify that all information on the Confirmation Statement is correct. If an error has been made, make the necessary corrections on the Confirmation Statement and return it to your organization's Human Resources/Benefits Office no later than June 6, 2008. **No changes will be accepted after June 6, 2008.**

8. Who must return a signed Confirmation Statement?

You must return your Confirmation Statement if there is an error on your statement – **see question 9.** If your Confirmation Statement is correct, simply retain the Statement for your records.

9. What do I do if my Confirmation Statement is not correct? If your Confirmation Statement is not correct, please make the necessary corrections on the Confirmation Statement and return it to your organization's Human Resources/Benefits Office no later than June 6, 2008. The corrections will be made and you will receive a new Confirmation Statement from your Benefits Office. **Please review your Confirmation Statement thoroughly, as no changes will be accepted after June 6, 2008.**

10. What forms do I need to return and to whom?

Spousal Coordination of Benefits (COB) Form – Active State employees enrolling a spouse for the first time or continuing to cover a spouse in one of the State of Delaware Group Health Insurance medical plans, **MUST** complete a new **Spousal Coordination of Benefits** form each year

during Open Enrollment and anytime the spouse's employment or insurance status changes. This may be completed online at www.ben.omb.delaware.gov/documents/cob . If you do not have Internet access you may complete the paper form located in the open enrollment booklet mailed to employees'/pensioners' homes and return it to your organization's Human Resources/Benefits Office or to the State Pension Office for pensioners by May 21, 2008. Failure to submit a new Spousal COB form will result in a reduction of spousal benefits.

If your spouse **is eligible for Medicare** and enrolled in the State's Medicare Supplement Plan, (BCBSD Special Medicfill); **No Action is Required.**

Blood Bank Application - if you are an active State employee enrolling in the Blood Bank for the first time, you must return the separate Blood Bank Application available from your organization's Human Resources/Benefits Office in addition to enrolling online through e-Benefits. Do not complete the application on the Blood Bank website. Pensioners may obtain an application from the State Pension Office. If you were terminated from membership in the Blood Bank due to non-fulfillment of your obligation, you cannot reenroll using the e-Benefits online or paper application through the State. You must contact the Blood Bank directly.

Return all forms to your Human Resources Office by May 21, 2008.

- 11. What will happen if I do not complete the e-Benefits online enrollment process by May 21, 2008?** You **MUST** complete the e-Benefits online enrollment process if you wish to enroll, make changes or cancel current Medical, Dental and Blood Bank coverage.
- 12. If I am currently on a Leave of Absence for any reason, do I need to complete the e-Benefits online enrollment process or return my Confirmation Statement?** You are required to complete the e-Benefits online enrollment process if you wish to enroll, make changes or cancel your coverage.

If your Confirmation Statement is not correct when you receive it in the mail, please make the necessary corrections on the Confirmation Statement and return it to your organization's Human Resources/Benefits Office no later than June 6, 2008. The corrections will be made and you will receive a new Confirmation Statement. **Please review your Confirmation Statement thoroughly as no changes will be accepted after June 6, 2008.**

WHAT'S NEW FOR July 2008?

13. Health Care:

- **The urgent care copay in the HMO plans has been reduced to \$20.** Please see the HMO materials for the definition of and procedures for seeking urgent care.

Prescription Coverage:

- **The copay on diabetic supplies through Medco has been reduced to \$0.** Please refer to the Medco materials at www.medco.com or call 1-800-939-2142 for details on covered supplies.

ELIGIBILITY

14. Who is eligible to participate in the State health and dental insurance plans?

The State of Delaware offers insurance benefits to permanent, full-time employees, permanent part-time employees, limited term employees and Pensioners. Participation in the State's insurance program is voluntary.

For more details about eligibility refer to the “Group Health Insurance Eligibility Rules & Guidelines” available on this website. Permanent State of Delaware employees, State of Delaware Pensioners, and employees in some Non-Payroll groups as defined in the Delaware Code, are eligible for coverage under the State plans.

15. Which dependents are eligible to enroll?

A member's legal spouse and unmarried children under the age of 21 or age 24 if a full-time student. For more details about dependents eligible to participate, refer to the “Group Health Insurance Eligibility Rules & Guidelines” available on this website.

STATEWIDE BENEFIT HEALTH FAIRS

16. What are the Statewide Benefit Health Fairs?

The Statewide Benefits Office hosts free Benefit Health Fairs held during the Open Enrollment period at various site locations. The Health Care vendors have tables set up with free information and representatives are available to answer your questions about the different plans and services they each provide.

You are welcome to attend these Fairs if you are enrolled or are eligible to enroll in the State of Delaware Group Health Insurance Program. Health screenings and other services may be available.

17. Which vendors will be at the Benefit Health Fairs?

The following vendors will be represented at the locations and dates listed below:

Blue Cross Blue Shield of Delaware, Aetna, Dominion Dental Services, Delta Dental, Blood Bank of Delmarva, Human Management Services, Inc. (HMS), Best Doctors®, Liberty Mutual for Auto/Home, VSP for Vision Insurance, ARAG for Group Legal Insurance, Motivano (administrator for Statewide Supplemental Benefits Program), Treasurer's Office for Deferred Compensation, Medco, Office of Pensions and the Statewide Benefits Office.

18. When and where are the Statewide Benefit Health Fairs being held?

BENEFIT HEALTH FAIR DATES	LOCATIONS	TIMES
<i>Monday, May 5, 2008</i>	<i>Delaware Technical and Community College,- Terry Campus 100 Campus Drive, Dover, DE 19901 Educational & Technology Bldg - Room 727</i>	<i>10:00 am until 2:00 pm</i>
<i>Wednesday, May 7, 2008</i>	<i>Delaware Technical and Community College, Owens Campus RT 18 Georgetown, DE 19947 <u>Carter Partnership Center – Room 540 A-H</u></i>	<i>10:00 am until 2:00 pm</i>
<i>Friday, May 9, 2008</i>	<i>Delaware Technical and Community College, Stanton Campus 400 Stanton-Christiana Road Newark, DE 19713 <u>Conference Rooms A116/A114</u></i>	<i>10:00 am until 2:00 pm</i>
<i>Monday, May 12, 2008</i>	<i>The Duncan Center 500 W. Loockerman St., Dover, DE 19904 <u>The Outlook Room on the 5th Floor</u></i>	<i>2:00 pm until 6:00 pm</i>
<i>Wednesday, May 14, 2008</i>	<i>Chase Center on the Riverfront 800 S. Madison Street Wilmington, DE 19801 <u>Governor’s Hall</u></i>	<i>2:00 pm until 6:00 pm</i>
<i>Friday, May 16, 2008</i>	<i>DHSS – Stockley Center Route 113 Georgetown, DE 19947 <u>All-Star Building</u></i>	<i>2:00 pm until 6:00 pm</i>

MAKING THE DECISION

19. How do I decide which coverage is best for me?

Deciding which health and dental plans are best for you and your family is an important decision. Review the Open Enrollment booklet, attend a health fair, and visit the websites of the vendors and Statewide Benefits Office at www.ben.omb.delaware.gov. This information will assist you in the decision-making process to help you choose the health and dental plan that meets the health care needs for

20. Where can I find a side-by-side comparison of the health plans?

A side-by-side comparison of the health plans is included in your Open Enrollment booklet mailed to your home.

21. What other information is available and how can I get it?

Other, specific information about the plans can be found in the plan booklets from the carriers. Plan

booklet information is also available by contacting the carrier directly or on this website. Keep in mind that changes as of July 1, 2008 may not be reflected in the plan booklets but are listed in question 13.

ENROLLING YOUR SPOUSE OR OTHER DEPENDENT

22. What do I need to do if I choose to cover or continue to cover my spouse by electing “Employee & Spouse” or “Family” health coverage?

Active State employees paid out of the State payroll system can change or add spousal information by using the e-Benefits online enrollment process that can be accessed through the Internet from May 5, 2008 through May 21, 2008. If enrolling a spouse for the first time; you must supply a copy of your Marriage Certificate or other legal document to your organization’s Human Resources or Benefits Office.

All other members of the State Group Health Plan (State Pensioners and Non-Payroll Groups) must make changes on the enrollment applications available from their organization’s Human Resources/Benefits Office, or for pensioners available at the State Pension Office or online at www.delawarepensions.com.

If you are enrolling a spouse for the first time, or wish to continue covering a spouse in one of the State of Delaware Group Health Insurance medical plans through “Employee and Spouse” or “Family” coverage; you **MUST** complete a new **Spousal Coordination of Benefits** form each year during Open Enrollment and anytime your spouse’s employment or insurance status changes. This may be completed online at www.ben.omb.delaware.gov/documents/cob. If you do not have Internet access you may complete the paper form located in the open enrollment booklet mailed to employees’/pensioners’ homes and return it to your organization’s Human Resources/Benefits Office or (State Pension Office for pensioners) by May 21, 2008. Failure to submit a new Spousal COB form will result in a reduction of spousal benefits.

If your spouse **is eligible for Medicare** and enrolled in the State’s Medicare Supplement Plan, (BCBSD Special Medicfill); **no action is required.**

23. What will happen if I don't return the Spousal Coordination of Benefits form?

Failure to complete and return a new Spousal Coordination of Benefits (COB) form to your organization’s Human Resources/Benefits Office no later than May 21, 2008 will result in a reduction of spousal benefits.

24. What do I need to provide if I am enrolling a spouse or other dependent for the FIRST TIME?

Proof of eligibility must be provided for anyone enrolling a spouse or dependent for the first time.

- Proof of eligibility for a spouse is a copy of the Marriage Certificate.
- Proof of eligibility for a dependent is a Birth Certificate or other legal document.

This information is not forwarded to the carriers. Your Human Resources/Benefits Office will maintain this documentation.

25. What if my spouse or other dependents have other coverage?

The Spousal Coordination of Benefits (COB) form should be completed if you are enrolling or continuing to cover your spouse in one of the State of Delaware Group Health Insurance medical plans through “Employee & Spouse” or “Family” coverage. Your health insurance carrier will then coordinate benefits if there is other insurance coverage. To ensure the highest level of coverage for your dependents, you must notify your carrier if your dependent has other coverage. If you receive a form from your carrier or the Statewide Benefits Office requesting information about other coverage for your spouse or other dependents, complete and return to the requesting carrier.

COST OF COVERAGE

26. Who pays for coverage?

Health - The State of Delaware Health Program is “self-insured”. This means it is funded by the State through the annual budget in addition to an employee paid premium. Claims are paid from this group health fund. Regular officers and employees begin earning State Share contributions on the first of the month following 90 days of continuous State service.

Dental - The Dental Program is employee funded. The State does not contribute toward the cost of dental coverage. The individual carriers administer the dental plans.

Statewide Supplemental Benefit Plans - The Statewide Supplemental Benefit program is employee funded. The State does not contribute toward the cost of coverage. Each of the five plans offered have individual carriers. Motivano is the plan administrator for all of these plans in that they handle eligibility and payment for these plans. You may contact Motivano at 1-866-664-6403 or www.motivano.com, Click member Sign In, **Username:** Delaware **Password:** Delaware05.

Blood Bank - The Office of Management and Budget pays the \$5 annual membership fee for all enrolled, eligible, full-time employees. Part-time eligible employees pay the \$5 membership fee through an annual payroll deduction.

27. How often are premiums deducted?

The health and dental rates listed in the Open Enrollment booklet are monthly rates. State employees paid through the State's payroll system have one-half of the monthly amounts deducted twice each month for a total of 24 deductions each year for health and dental premiums.

28. Are my premiums a pre-tax deduction?

Health and dental premiums are tax sheltered under Section 125 of the IRS Code. Anyone participating in health or dental insurance plans pays their portion of the premium with before-tax dollars. **Premiums for the health and dental plans may only be deducted on an after-tax basis for those employees enrolled in after-tax options prior to July 1999.**

AFTER I ENROLL

29. When will the new coverage take effect?

The new coverage and rates, or the termination of existing coverage will take effect on July 1, 2008 and will be in effect for the plan year ending June 30, 2009.

30. When will the deductions begin for these new plans or the new rates?

The State of Delaware benefit deductions are lagged in PHRST, the State's payroll system. The first deduction for new coverage or changes to coverage beginning July 1, 2008 will be taken on the July 18, 2008 paycheck.

The first deduction for Pensioners will be on the July 31, 2008 pension check.

31. Will I get Member ID cards?

Health – All employees enrolling for the first time or changing health plans will receive new ID cards after open enrollment.

Dental - Employees enrolling in a Statewide dental plan for the first time or changing carriers will receive new ID cards after open enrollment.

Medco – You will receive an ID card from Medco when you first enroll in a health care plan. You will automatically be enrolled in the prescription drug coverage with the exception of the Special Medicfill Plan without Prescription Coverage for pensioners.

Blood Bank - if you are enrolling in the Blood Bank for the first time, you will receive a membership Card with your Member ID on it within a few months. If you are continuing your membership, you will not receive a new card.

32. What should I do if I don't get my Member ID cards by July 1, 2008?

Contact the Customer Service number for your insurance carrier. Toll free numbers are provided on the back cover of the Open Enrollment booklet.

33. What should I do if I lose my Member ID cards or need additional cards?

Call the carrier's toll-free number to request ID cards.

34. What should I do if I have questions about my Health, State dental, or Blood Bank of Delmarva coverage after I'm enrolled?

Contact the Customer Service number for your insurance carrier. Toll free numbers are provided on the back cover of the Open Enrollment booklet.

MAKING CHANGES AFTER OPEN ENROLLMENT

Changes to your insurance elections after Open Enrollment require a Qualifying Event. You must request the change within 30 days of the Event or wait until the next Open Enrollment.

35. What is a Qualifying Event that will allow me to make changes to my Open Enrollment benefit elections?

Qualifying Events include but may not be limited to: marriage, the birth or adoption of a child, divorce, employment of spouse, involuntary loss of spouse coverage, spouse's employment termination, child now ineligible for coverage, death of a spouse or dependent, spouse becomes a State of Delaware employee or Pensioner.

36. What should I do if I experience a Qualifying Event and need to make changes to my benefit elections?

Contact your Human Resources/Benefits Office within your organization for the necessary forms within 30 days of the qualifying event. Pensioners should contact the State Pension Office or go online at www.delawarepensions.com.

37. What happens when my dependent reaches the age of 21?

You are responsible for notifying your Human Resources/Benefits Office within your organization within 30 days of the time when your dependent is no longer eligible for coverage. Dependent coverage is available until the end of the year in which your eligible dependent turns 21 unless they are a full-time student. Coverage terminates for full-time students at the end of the month in which they graduate from college or the end of the month in which they turn 24, whichever occurs first.

Adult Dependent Program (ages 21 to 24)

The Adult Dependent Program is available to members of the State of Delaware's Group Health Insurance program to provide a period of health care coverage to adult dependents between the ages of 21 and 24 who are no longer eligible to be covered under the parent or legal guardian's State of Delaware plan due to age and non-student status.

An adult dependent must enroll in the same plan which provides coverage to the parent or legal guardian who has Group Health Insurance through the State of Delaware. Contact the appropriate health care carrier (Blue Cross or Aetna) directly for more detailed information on eligibility, rates, enrollment and payment requirements.

Enrollment is available during Open Enrollment or within 30 days of loss of coverage under the parent or legal guardian's State of Delaware plan.

38. What do I do if I want to keep my current health plan but change the Primary Care Physician (PCP) for myself or any of my dependents?

Contact the Customer Service number for your insurance carrier. Toll free numbers are provided on the back cover of the Open Enrollment booklet.

39. If I enroll in a dental plan, may I drop coverage during the plan year?

Dental coverage is binding. You may only drop your dependents from your dental coverage during the plan year if you experience a qualifying event. You must maintain employee only coverage until Open Enrollment 2009.

40. What if I want to change dental or health plans during the plan year, (July 1, 2008 through June 30, 2009)?

You may only change dental plans (other than adding an eligible dependent or dropping an eligible dependent due to a qualifying event) at Open Enrollment.

Health plan coverage level (change from employee to employee/spouse) may be changed only if there is a qualifying event as listed in the Open Enrollment Booklet. Certain qualifying events (such as new eligibility for Double State Share or retirement) allow a change in health plans. For more information, please refer to the "Group Health Insurance Eligibility Rules and Guidelines" on this website, or contact your Human Resources/Benefits Office for more information. Pensioners may

contact the State Pension Office or go online at www.delawarepensions.com.

COBRA (Continuation of Coverage)

You have certain rights and obligations under the provisions of the Consolidated Omnibus Budget Reconciliation Act (COBRA). Under federal COBRA law, the State of Delaware is required to offer covered employees and family members the opportunity for a temporary extension of health coverage (called Continuation Coverage) at group rates when coverage under the medical and dental plans would otherwise end due to certain qualifying events.

If an Employee Qualifying Event occurs, your Human Resources/Benefits Office will notify the State's COBRA Plan Administrator. If a Covered Spouse or Covered Dependent Children qualifying event occurs, you must notify your organization's Human Resources/Benefits Office within 30 days. Upon proper notification your Human Resources/Benefits Office will notify the State's COBRA Plan Administrator of the event.

Should an actual qualifying event occur, the State's COBRA Plan Administrator will send you and/or your covered dependents (also known as qualified beneficiaries) additional information with the appropriate election notice. The Eligibility Rules and Guidelines allow an employee or covered family member to change their plan choices upon experiencing a qualifying event. If a qualified beneficiary does not elect coverage within the period specified in the election notice, rights to continue medical and dental insurance will end.

If you choose Continuation Coverage, The State of Delaware is required to offer you coverage that is identical to the coverage provided under the group plan to similarly situated active employees and family members.

41. What are the Qualifying Events for COBRA Coverage?

Employee Qualifying Events:

1. A reduction in your hours of employment that result in loss of coverage or
2. Termination of your employment for other than gross misconduct.

Covered Spouse Qualifying Events:

3. The death of the employee;
4. Termination of the employee's employment for other than gross misconduct or reduction in the employee's hours of employment with the State of Delaware;
5. Divorce or legal separation from the employee; or
6. Your spouse becomes enrolled in Medicare.

Covered Dependent Children Qualifying Events:

7. The death of the employee;
8. Termination of the employee's employment for other than gross misconduct or reduction in the employee's hours of employment with the State of Delaware
9. Employee's divorce or legal separation
10. The employee becomes enrolled in Medicare; or
11. The dependent ceases to qualify as a dependent child under The State of Delaware Rules of Eligibility as defined by the State Employee Benefits Committee.

OTHER STATE EMPLOYEE BENEFITS

42. If I'm eligible for other State benefits, when can I make changes to them or enroll in those plans?

Flexible Spending Account (FSA) - The State offers an annual Open Enrollment for the Flexible Spending Account (FSA), in the fall each year. Employees may enroll on-line at that time for coverage to begin in January. The Flexible Spending Account is an employer-sponsored plan available to permanent full-time, permanent part-time and limited-term State employees after completing three months of continuous State service. The program allows participants to deduct dollars from their paycheck and put them into a special account that's protected from taxes. The money can be used to be reimbursed for out-of-pocket health and dependent care expenses. Refer to the benefits section of this website for more information.

Life Insurance – Group Universal Life Insurance is available to permanent full-time and permanent part-time State employees on the first of the month following completion of three months of continuous State service. Approval for coverage will be determined by Minnesota Life. Proof of insurability may be required depending on level of coverage. There is no open enrollment period. Eligible State of Delaware employees can enroll or change their current election at any time with proof of insurability by contacting Minnesota Life directly at 1-877-215-1489 or by accessing their web-site at www.lifebenefits.com. Refer to the benefits section of this website for more information.

Statewide Supplemental Benefits are available to all benefit eligible active State employees and Pensioners receiving a pension check. You may enroll in the benefit options available through this program as indicated in the FAQ's located under the Supplemental Benefits program section of this website.

Pre-Tax Commuter Benefits are available to all benefit eligible active State employees. The program allows eligible employees to set aside pre-tax dollars to pay for your out-of-pocket parking, van pooling or mass transit expenses incurred as you travel to work. There is no set enrollment time for this program and you can make a change to your enrollment at any time. Refer to the benefits section of this website for more information.

Deferred Compensation - The Deferred Compensation program is administered through the State Treasurer's Office. The State offers a Workplace Savings Plan through Fidelity Investments. Eligible employees may join the plan at any time by requesting an Enrollment Kit from Fidelity Investments at 1-800-343-0860.